WASHINGTON STATE DEPARTMENT OF
Natural Resources

RECLAMATION REPORT
(Form SM-3)

PERMIT HOLDER *(Type or print in ink.)*	**DESCRIPTION OF SEGMENTS RECLAIMED** (Draw a sketch on the back of this form or attach a sketch map for location of segments.)

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COUNTY _____

Legal description of permit area   *(No attachments will be accepted.)*

1/4	1/4	Section	Township	Range

MAILING ADDRESS

Telephone

Date planting started	Date planting finished	No. of acres reclaimed

TYPE AND QUANTITY OF VEGETATION PLANTED OR SEEDED   (Identify species, type, and distribution per acre.)

DESCRIPTION OF AMOUNT AND METHOD OF TOPSOIL REPLACED AND PLANTING OR SEEDING METHOD, FERTILIZATION OR SPECIAL-TREATMENT FERTILIZER FOR SOIL AMENDMENTS (kind and amount per acre), LIME (amount per acre)

WHAT FISH AND/OR WILDLIFE HABITAT ENHANCEMENTS HAVE YOU MADE?

PART OF THE PERMIT AREA HAS BEEN RECLAIMED AND THE VEGETATION HAS SURVIVED AT LEAST 18 MONTHS. I REQUEST THAT THE RECLAMATION SECURITY BE REDUCED.	❑ Yes ❑ No
ALL SEGMENTS HAVE BEEN RECLAIMED AND THE VEGETATION HAS SURVIVED AT LEAST 18 MONTHS. I REQUEST THAT THE RECLAMATION PERMIT BE TERMINATED.	❑ Yes ❑ No

Signature of permit holder or company representative	Name and title of company representative *(Please print.)*	Date signed

TO BE COMPLETED BY INSPECTOR:

	Yes	No
1. Is the permit area stable?		
2. Has planting and (or) seeding been accomplished as stated?		
3. Does the planting and (or) seeding appear to have a reasonable chance of survival? (If not, make recommendation below.)		
4. Does the planting and (or) seeding conform to the specifications of the Reclamation Act? (If not, specify deficiencies below.)		
5. Has the vegetation survived after 18 months as a minimum?		

RECOMMENDATIONS:

Inspection date	Report date	Signature of inspector	Region	Permit No.